

Drop Off Form

Owner:	Pet:	Drop off time:
Number(s) you can be reached at today:		What time would you like to pick up?
Why is your pet here today?		
Does your pet have any of these symptoms? <input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing	<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Lameness or stiffness <input type="checkbox"/> Itching <input type="checkbox"/> Scooting	<input type="checkbox"/> Head shaking <input type="checkbox"/> Hair loss <input type="checkbox"/> Increased urination <input type="checkbox"/> Change in appetite <input type="checkbox"/> Increased drinking
Is your pet on any medications or supplements? Last dose of flea control: What brand do you use?		
Diet: <div style="display: flex; justify-content: space-between;"> Any changes in the past two months? When did your pet eat last? </div>		
Do you have any other questions or concerns?		
Berry Hill Veterinary Center will use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet while I am absent will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved. I understand that payment is required at the time I pick my pet up.		
Owner/agent signature:		Date:

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